



KENTUCKY DEPARTMENT OF AGRICULTURE  
Division of Regulation and Inspection  
107 Corporate Dr.  
Frankfort, KY 40601

Phone: (502) 573-0282  
Fax: (502) 573-0303  
TTY: (502) 564-2075  
<http://www.kyagr.com>

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APPLICATION FOR GRAIN DEALER/WAREHOUSE LICENSE  
Grain Program – KRS 251.410 – KRS 251.990  
July 1 to June 30

*Application Date* \_\_\_\_\_ *Signature* \_\_\_\_\_

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FIRST TIME LICENSED BUSINESS (Never been licensed)

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LICENSE RENEWAL. If previously licensed, indicate license number and name:

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**Business Information:**

*Physical Address* (911 address, street, or highway)

*Business Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*County:* \_\_\_\_\_ *E-mail:* \_\_\_\_\_

*Business Phone:* (\_\_\_\_\_) \_\_\_\_\_ *Fax:* (\_\_\_\_\_) \_\_\_\_\_

*Owner/Operator:* \_\_\_\_\_ *Contact:* \_\_\_\_\_

*Mailing Address* (address specific for business physical location)

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Indicate (x) if the mailing address is same as the physical address. If different, complete the following:

*Attention Line:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

***Billing/License Renewal Address***

Complete the following if your billing address is different than the business location and/or mailing address.

*Billing Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Business Phone:* (\_\_\_\_\_) \_\_\_\_\_ *Fax:* (\_\_\_\_\_) \_\_\_\_\_

*Contact:* \_\_\_\_\_ *E-mail:* \_\_\_\_\_

LICENSING FEE is based on bushels purchased in the previous year. See Fee Schedule for details. Make checks payable to the KENTUCKY STATE TREASURER. Please return your application, financial statement, and fee to the above address. All facilities need to carry a Letter of Credit, Certificate of Deposit, or a bond. If you are a new licensee, please call the office for assistance.

Applicant is:    ☐ ASSOCIATE    ☐ CORPORATION  
                       ☐ INDIVIDUAL    ☐ PARTNERSHIP

Total number of bushels purchased last fiscal year: \_\_\_\_\_ bushels.

Do you store grain for others?      ( ) YES      ( ) NO  
Do you buy grain from producers?      ( ) YES      ( ) NO

Type of business:      ( ) COUNTRY ELEVATOR              ( ) FARMER DEALER  
                                  ( ) FEED MILL                              ( ) GRAIN PROCESSOR  
                                  ( ) SEED DEALER                              ( ) SUB TERMINAL  
                                  ( ) TERMINAL                              ( ) TRUCKER DEALER

Total Bin Capacity (Bushels): \_\_\_\_\_

Is grain purchased only in connection with or incidental to some other business? ( ) YES ( ) NO

Do you have a moisture meter?      ( ) YES   ( ) NO

Do you offer delayed pricing? ( ) YES ( ) NO

Fiscal Year closing date: \_\_\_\_\_  
(Month) (Year)

Are you a Federally licensed facility? ( ) YES ( ) NO

Do you have a Uniform Grain & Rice Storage Agreement (UGRSA)? ( ) YES ( ) NO

This application must be signed by the owner, if an individual; by one of the partners, if a partnership; or by an officer of the corporation, if incorporated, where designated by the "X".

X	
Signature	Date
Manager's Signature	Date

You must list names, titles, and addresses of all officers of the business:

President:

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Registered Agent: \_\_\_\_\_

Manager:

Please return your financial statement, application, and fee to the above address with a check made payable to the KENTUCKY STATE TREASURER.